

MDR Tracking Number: M5-04-0694-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-04-03. The fee issues for dates of service 11-05-02 and 11-06-02 for code 97010 were withdrawn by ____ on 01-22-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises (no greater than 2 units daily), therapeutic activities (no greater than 2 units daily), aquatic therapy exercises (no greater than 2 units daily) from 11-05-02 through 02-13-03 and hot/cold packs, electrical stimulation, physical medicine procedure and joint mobilization from 11-05-02 through 11-23-02 was found to be medically necessary. The therapeutic exercises (greater than 2 units daily), therapeutic activities (greater than 2 units daily), aquatic therapy exercises (greater than 2 units daily), hot/cold packs, electrical stimulation, physical medicine procedure and joint mobilization from 11-24-02 through 02-13-03 and the vasopneumatic device from 11-05-02 through 02-13-03 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, therapeutic exercises, hot/cold packs, electrical stimulation, therapeutic activities, joint mobilization, aquatic therapy exercises, vasopneumatic device therapy and physical medicine procedure.

This Findings and Decision are hereby issued this 17th day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 11-05-02 through 02-13-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

January 15, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0694-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when she tripped over a phone wire and fell to the ground. She reported headache and pain in her neck, left shoulder, and low back. Post-MRI she was diagnosed with a cervical sprain/strain and was seeing a chiropractor for treatment and therapy.

Requested Service(s)

Office visits, therapeutic exercises, hot/cold packs, electrical stimulation, therapeutic activities, joint mobilization, aquatic therapy exercises, vasopneumatic device therapy, and physical medicine procedure from 11/05/02 through 02/13/03

Decision

It is determined that the office visits, therapeutic exercises (no greater than two units daily), therapeutic activities (no greater than two units daily), and aquatic therapy exercises (no greater than two units daily) from 11/05/02 through 02/13/03 and the hot/cold packs, electrical stimulation, physical medicine procedure,

and joint mobilization from 11/05/02 through 11/23/02 were medically necessary to treat this patient's condition. However, it is determined that the therapeutic exercises (greater than two units daily), therapeutic activities (greater than two units daily), aquatic therapy exercises (greater than two units daily), hot/cold packs, electrical stimulation, physical medicine procedure, and joint mobilization from 11/24/02 through 02/13/03 and the vasopneumatic device from 11/05/02 through 02/13/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient sustained an injury that cannot be classified appropriately within the confines of a strain/sprain algorithm. The patient showed disc pathology in both the cervical and lumbar spine and has experienced radicular symptoms in both the upper and lower quarter since the date of injury. The services provided from 09/23/02 through 11/23/02 are appropriate under current medically accepted clinical practice guidelines that show manual and passive therapeutics are beneficial in acute cervical/lumbar pain conditions. However, the patient should be exposed to these applications in a time-limited fashion and be transitioned into active, patient-driven therapeutics as soon as possible. The medical record showed no definitive evidence to warrant not adopting an active treatment paradigm at 11/23/02.

The medical record shows a need for therapeutic and aquatic exercises given the diagnostic data presented for review. It is logical to conclude that this patient was having a difficult time in a gravity loaded environment and that an aquatic environment did not load the joint structures as great, allowing this patient therapeutic benefit. However, the provider has failed to establish an itinerary of events and specifically document the therapeutic applications applied to this patient in her therapeutic and aquatic exercise program. Due to lack of objective data, documenting the time spent in these procedures, no greater than two units of these applications should be allowed on any given day. Failure to document how the time with the patient was spent in these applications creates a burden to determine the efficacy of applied therapeutics in both the therapeutic activities and aquatic therapeutics.

The rationale for the provider's utilization of vasopneumatic device in the treatment of his patient's condition from 11/05/02 through 02/13/03 is not clear in the record provided and should not be allowed. Therefore, it is determined that the office visits, therapeutic exercises (no greater than two units daily), therapeutic activities (no greater than two units daily), and aquatic therapy exercises (no greater than two units daily) from 11/05/02 through 02/13/03 and the hot/cold packs, electrical stimulation, physical medicine procedure, and joint mobilization from 11/05/02 through 11/23/02 were medically necessary. However, it is determined that the therapeutic exercises (greater than two units daily), therapeutic activities (greater than two units daily), aquatic therapy exercises (greater than two units daily), hot/cold packs, electrical stimulation, physical medicine procedure, and joint mobilization from 11/24/02 through 02/13/03 and the vasopneumatic device from 11/05/02 through 02/13/03 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Levoska S, Keinanen-Kiukaanniemi S. *Active or passive physiotherapy for occupational cervicobrachial disorders? A comparison of two treatment methods with a 1-year follow-up.* Arch Phys Med Rehabil. 1993 Apr;74(4):425-30.

- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.
- *Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists.* North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p.
- Yeomans DC, SG. *Applying Outcomes Management into Clinical Practice.* J Neuromusculoskel System Summer 1997; 5(2): 1-14.

Sincerely,